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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *No*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *No*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/08/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY SPAIN	SHEETS DRAWING 3	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Examined's Signature <i>[Signature]</i>			
Verified and Acknowledged				

## ADDRESS

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## TITLE

All-device-space automatic black replacement

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
RECEIVED 3606	No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.16 Fees ( Filing )
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